

Instructions for completing the Dependent ADD Form

All fields required, unless otherwise noted.

Use this ADD Form (and supporting documentation, if needed) to:

- *Add a dependent to the applicant's plan.*

Use a Health Insurance Application (and supporting documentation, if needed) to:

- *Request changes to the applicant's coverage due to Moving Out Of the Service Area or if the applicant had previously waived coverage, or*
 - *If the policyholder in a current cross-referenced plan is changing due to a qualifying event.*
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- **Applicant's SSN:** Enter the Applicant's SSN in the provided spaces.
- **Retiree's SSN:** Enter the Retiree's SSN in the provided spaces if the policy holder is a retiree.
- **Company Number:** Enter Company Number. The applicant can find this information from his/her Insurance Coordinator.
- **Name:** Print clearly Applicant's First, Middle, and Last name on the line provided.
- **Date of Birth:** Enter the Applicant's date of birth.
- **Qualifying Events:** In order to add a dependent, check the qualifying event from the list that allows the applicant to add the dependent to his/her plan. *EACH DEPENDENT TO BE ADDED MUST MEET ALL ELIGIBILITY REQUIREMENTS.*
- **Qualifying Event Date:** Enter the date of the Qualifying Event.
- **Information for each Dependent to Be Added:** Print the following information in the blanks provided for each dependent to be added: Dependent's Social Security Number, Name, Gender, Date of Birth, and Relationship code (SP, CH, DD or CO). PCP and Current Patient Information are not required fields, unless required by the Carrier.

Complete the Health Care and Dependent Care information only if the applicant's agency is a Commonwealth Choice participant and changes are being requested to an FSA or Dependent Care Account based on the selected Qualifying Event.

- **Healthcare Spending Account:** Enter the amount of the requested change (if applicable).
- **Dependent Care Account:** Enter the amount of the requested change (if applicable).

- **Applicant Signature:** The applicant must sign the form.
- **Date:** The applicant must date the form.
- **Insurance Coordinator Signature:** The Insurance Coordinator must sign the form.
- **Date:** The Insurance Coordinator must date the form.
- **Retiree Signature:** The Retiree must sign the form if the applicant is a retiree.
- **Date:** The Retiree must date the form if the applicant is a retiree.
- **Spouse Signature:** The spouse must sign the form if the requested changes are for a cross-referenced plan.
- **Date:** The spouse must date the form if the requested changes are for a cross-referenced plan.
- **Spouse's Insurance Coordinator Signature:** The spouse's Insurance Coordinator must sign the form if the requested changes are for a cross-referenced plan.
- **Date:** The Spouse's Insurance Coordinator must date the form if the requested changes are for a cross-referenced plan.